

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*[Signature]*

*Not married, Adonis M M*

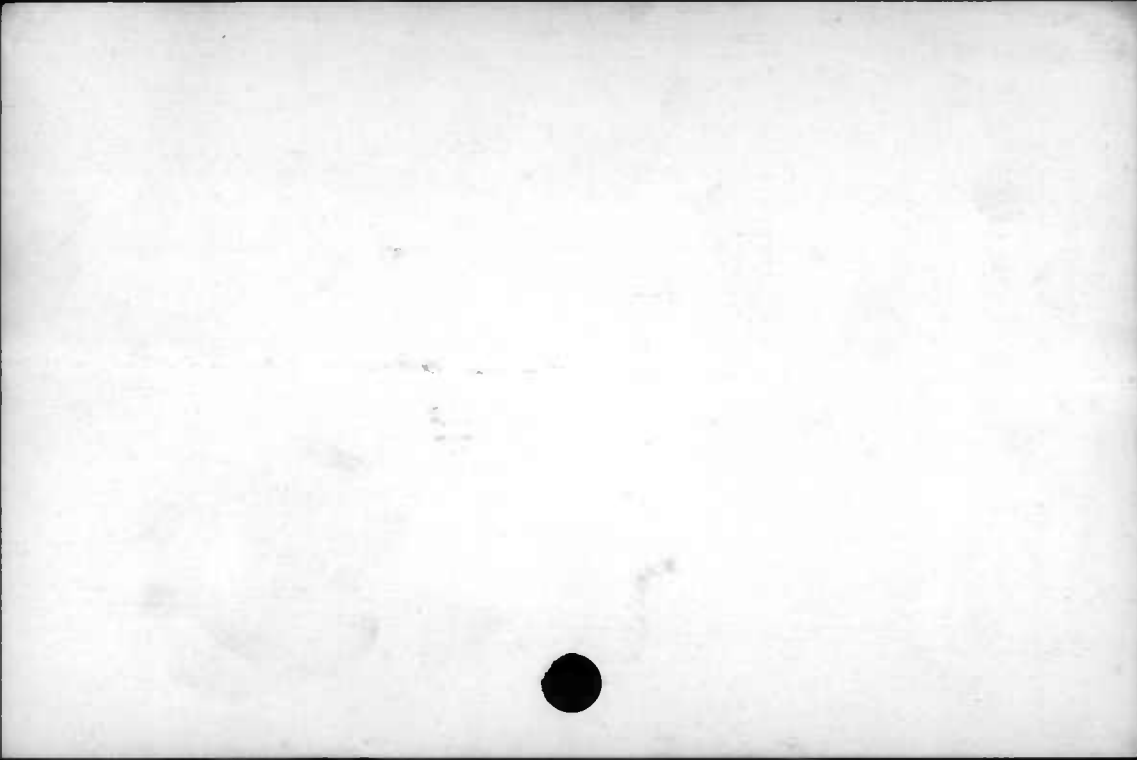
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Perrisville</i> Town <i>Chas</i> County			
Date of death <i>1905</i> Month <i>Nov</i> Day <i>20</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Chas County</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Robert J Adonis</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Julia Yates</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Robert J Adonis</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

Primary <i>Still born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. Trumbull</i>
	Address <i>Chas Reg</i>
Accident or Suicide?	



Name  
in  
Full

Maria C Barnes

## CERTIFICATE OF DEATH

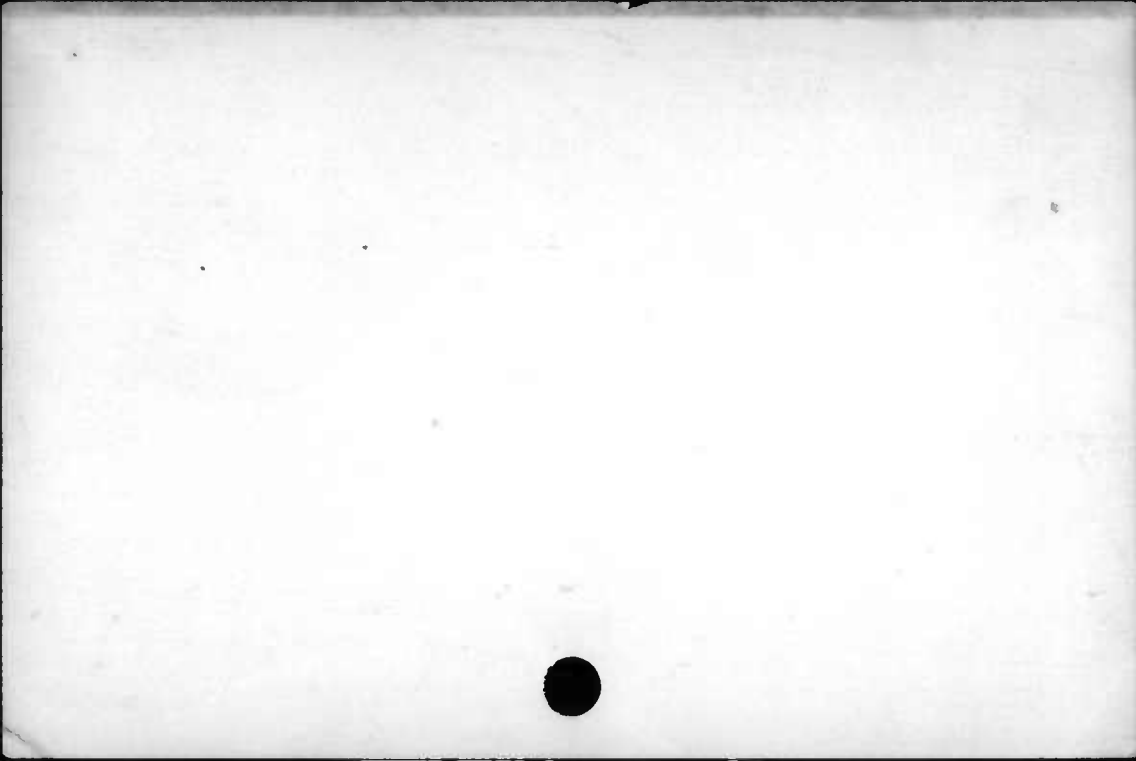
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>La Plata</i> <sup>Town</sup>			County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>28<sup>th</sup></i>	Age <i>51</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Frank &amp; Barnes</i>					
Father's Name <i>Wm. Brawell</i>	Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Mary F. Brawner</i>	Mother's Birthplace <i>Charles Co</i>					
Name of person giving information <i>H. H. Brawell</i>	How related to deceased <i>brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Hypertrophy</i>	How long <i>2 1/2 hrs</i>
Immediate <i>Loss of Compensation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen, M.D.</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>no</i>	<i>and</i>



Name  
in  
Full

Edige Briscoe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Marshall Hall* Town

County

*Ches.*

MARYLAND

Date of death *1908* Month *Nov.*Day *15*Age *68* Years

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Ches. Co. Ind.*

Occupation

*House wife*Where Residing if not  
at place of death*at place of death*Married, Single  
or Widowed *Widowed*Name of Wife or  
Husband*Thomas Briscoe*Father's  
NameFather's  
BirthplaceMother's  
Maiden Name *Lucinda Blair*Mother's  
Birthplace *Ches. Co. Ind.*Name of person giving  
Information *by my Harrison*How related  
to deceased *son*

## CAUSES OF DEATH

Primary

*Pneumonia (Pulmonary)*

How long

*27* *One year*

Immediate

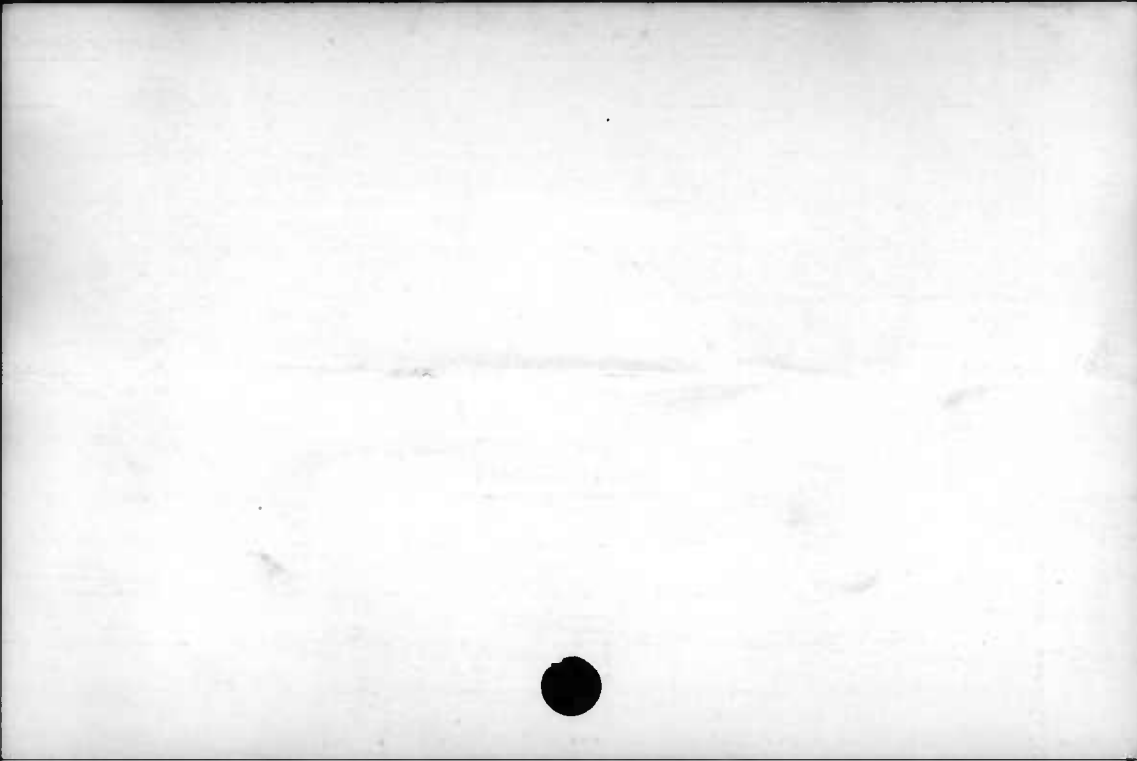
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*E. W. Mitchell, M.D.*

Accident or Suicide?

*no*



Name  
in  
Full

Rosa. Chew

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Charles		MARYLAND		
Date of death		1905	Month 11	Day 30	Age 21	Years	Months —	Days —
Sex Female		Color or Race Black				Birth-place Md.		
Occupation Sewer				Where Residing if not at place of death Hagerstown Md.				
Married, Single or Widowed Single		Name of Wife or Husband —						
Father's Name Thos. C. Chew						Father's Birthplace Md.		
Mother's Maiden Name Martha D. Chew						Mother's Birthplace Md.		
Name of person giving information James A. Ford						How related to deceased uncle		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Consumption	How long 6 mo
Immediate Heart Failure	How long 24 hrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. C. Chapin
	Address Hagerstown Md.
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

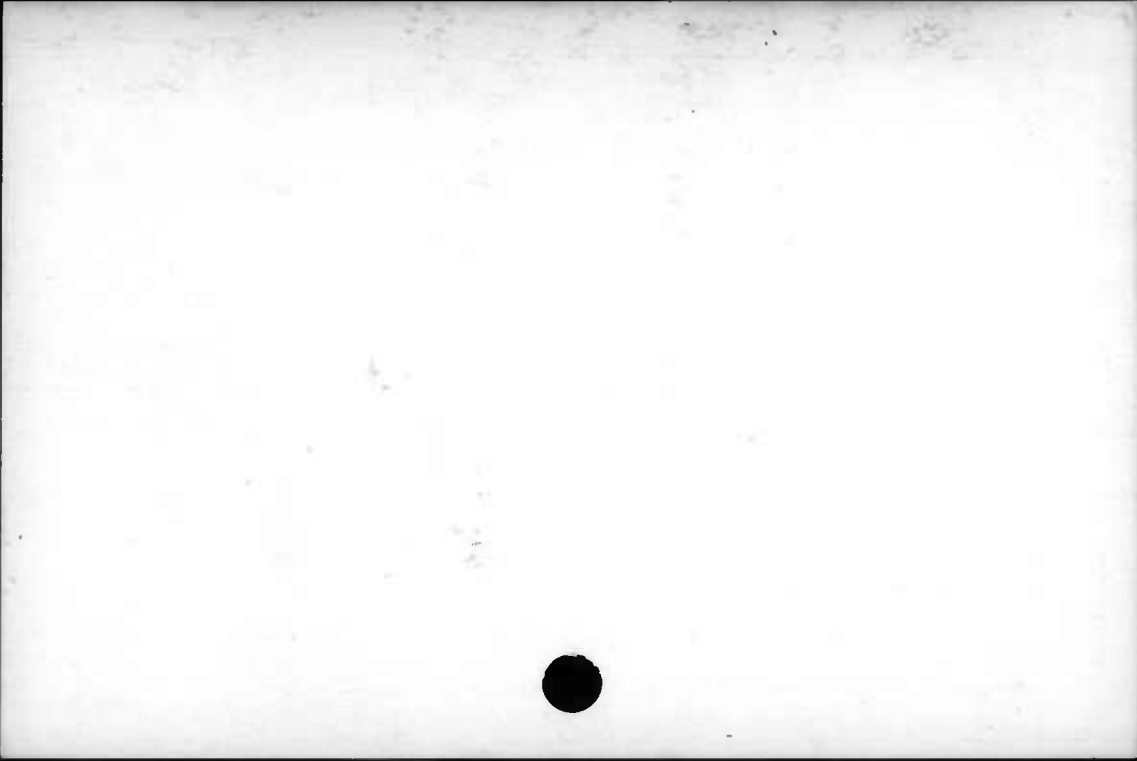
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wisconsin</i>		Town <i>Charle</i>		County	
Date of death <i>1901</i>		Month <i>Nov</i>		Day <i>9th</i>	
Age <i>80</i>		Years		Months	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles</i>	
Occupation <i>Wom</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace			
Name of person giving information <i>John Hicks</i>		How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Not Known</i>	How long <i>154</i>
Immediate <i>Old age</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Volleyalis</i>
	Address <i>But Roy</i>
Accident or Suicide?	



Name  
in  
Full

Arthur S Digges

## CERTIFICATE OF DEATH

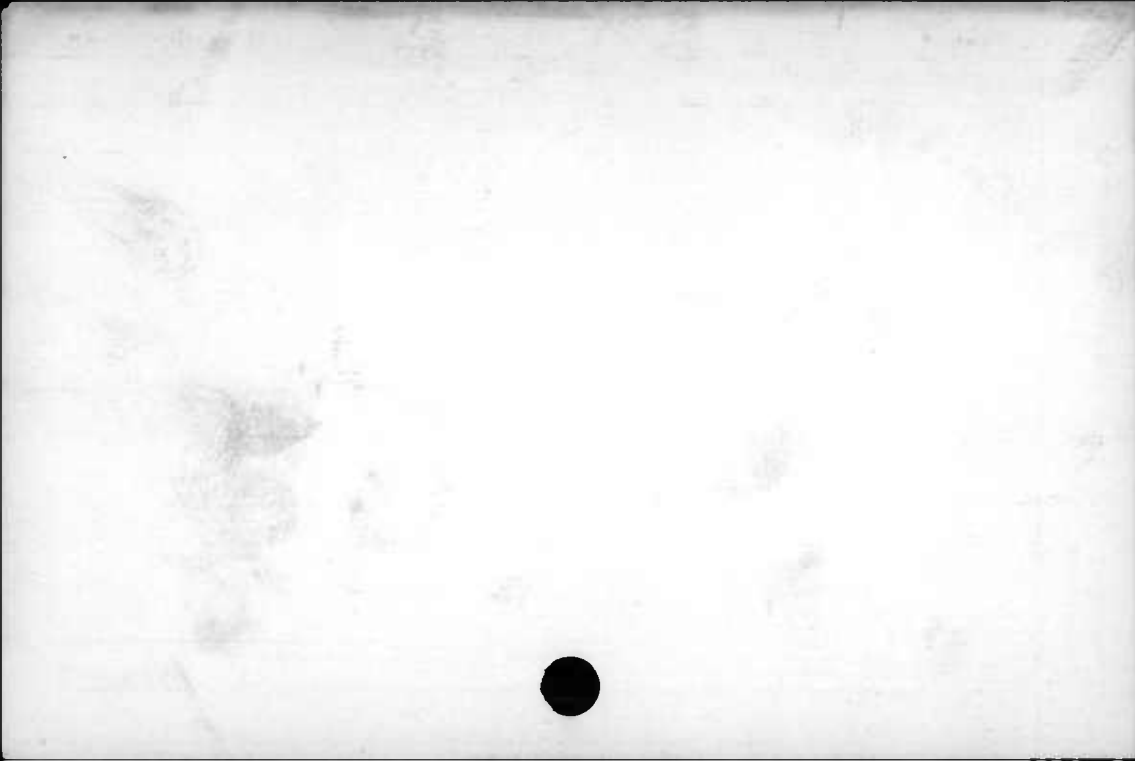
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Tobacco</i>		County <i>Charles</i>		MARYLAND	
Date of death	1905	Month	November	Day	16 <sup>th</sup>
Age		31		Months	—
Sex	male	Color or Race	white	Birth-place	Charles Co
Occupation	clerk R.R. Office	Where Residing if not at place of death <i>Chicago</i>			
Married, Single or Widowed	single	Name of Wife or Husband —			
Father's Name	Robert Digges	Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name	Mary E Thompson	Mother's Birthplace <i>Charles Co</i>			
Name of person giving information	Robt. S. Digges	How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gunsnot wound</i>	How long	<i>2 days</i>
Immediate	<i>Perforation of intestines</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. S. Owen M.D.</i>
		Address	<i>La Plata</i>
Accident or Suicide?	<i>Accident</i>		<i>med</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

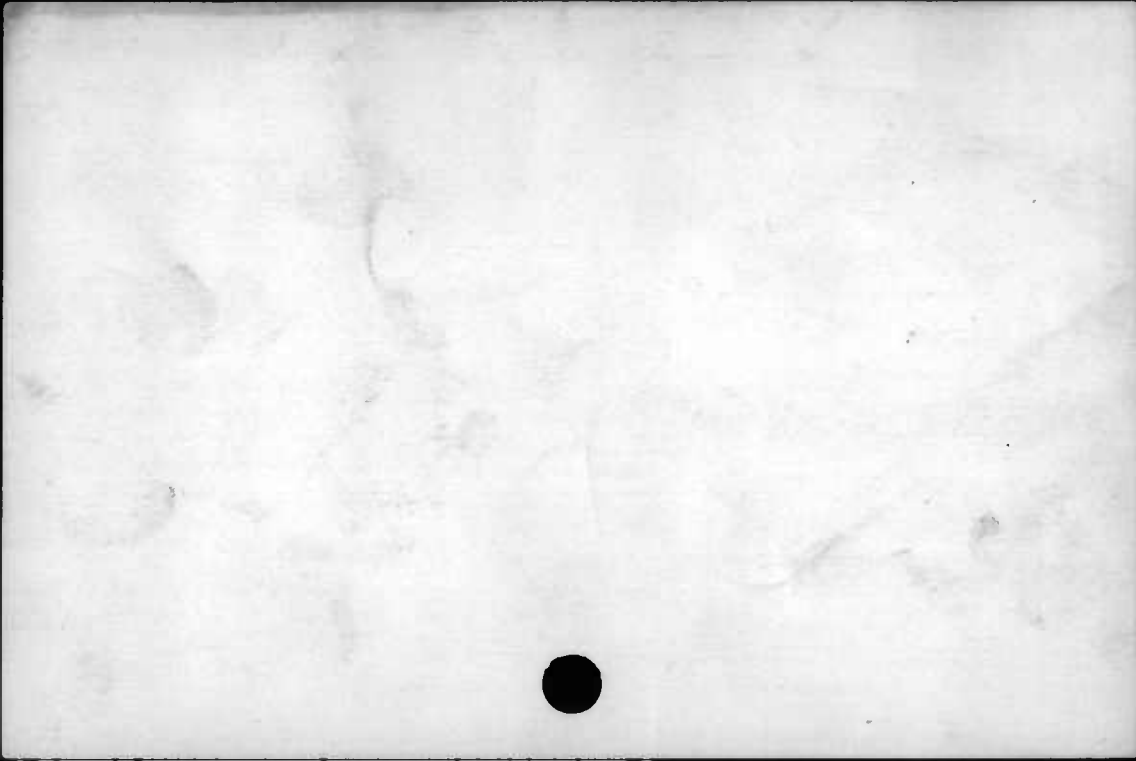
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berry</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>9</i>	Years <i>1844</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Charles Co. Md.</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>John Hawkins</i>			Father's Birthplace <i>Charles Co. Md.</i>		
Mother's Maiden Name <i>Betty Oliver</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>James Babbo</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>3 mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Kelley M.D.</i>
	Address <i>Newark Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 190

Month

Day

Years

Months

Days

Sex

Color or  
RaceBirth-  
placeMarried, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

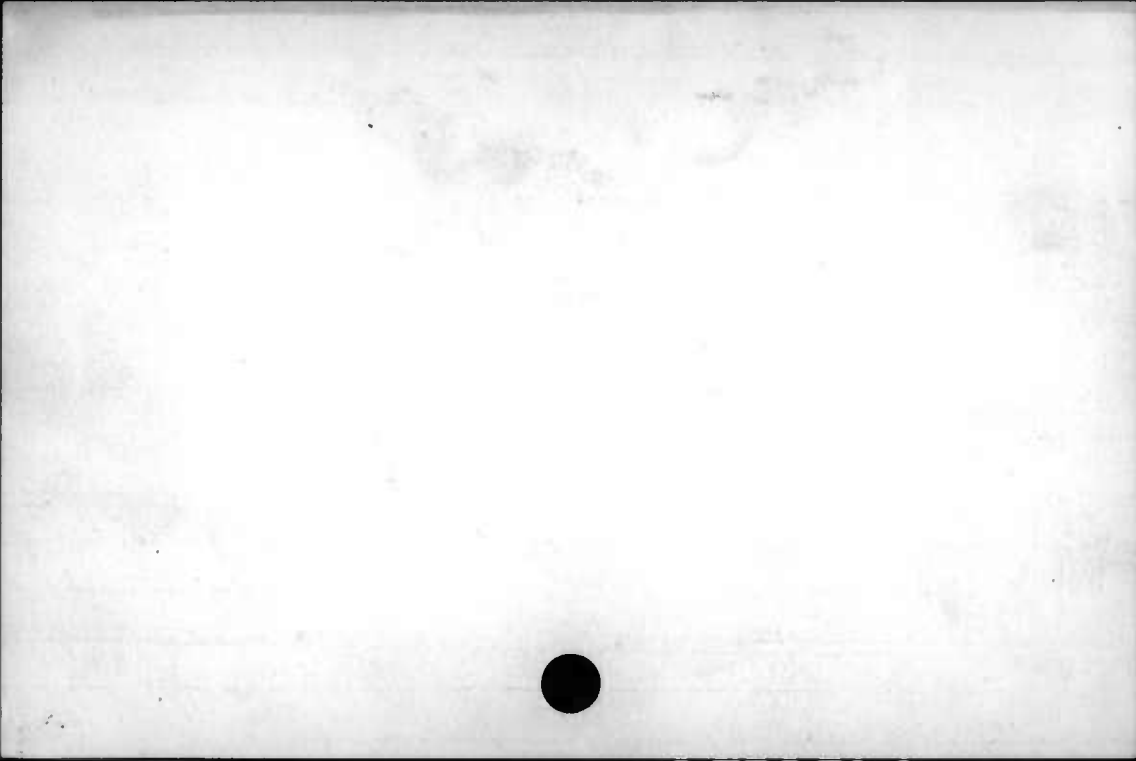
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?





Name  
in  
Full

Not Named Marshall (M.M.)

## CERTIFICATE OF DEATH

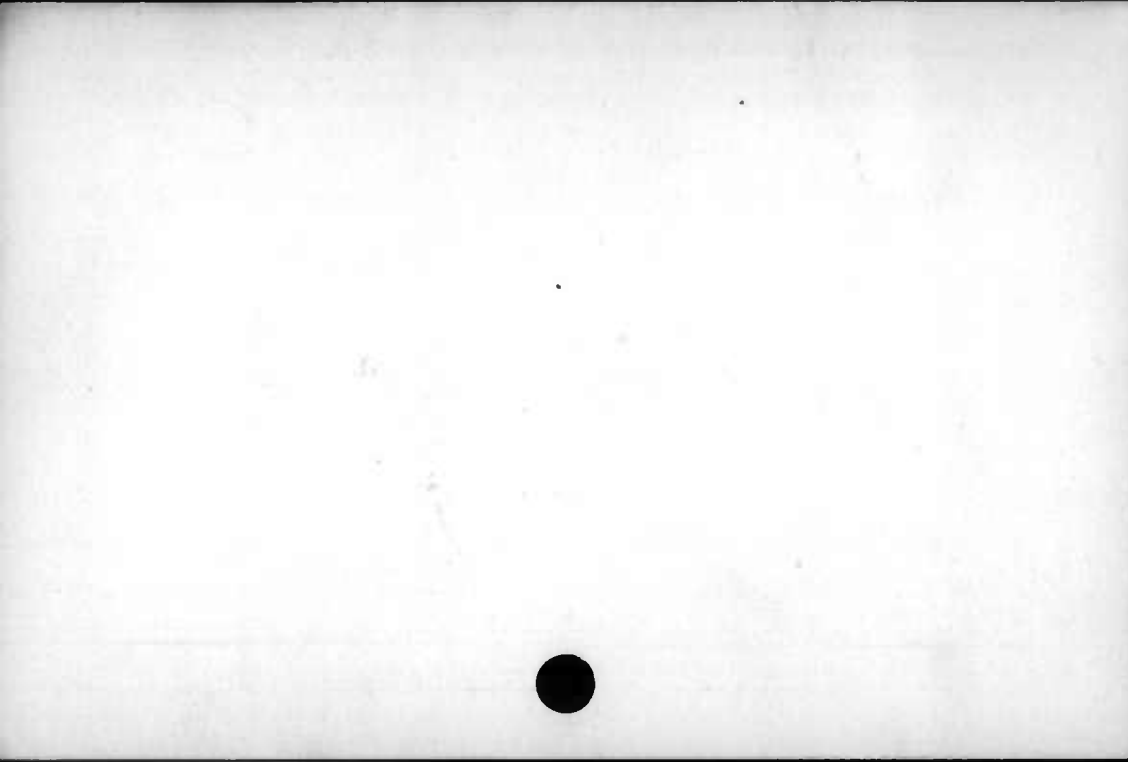
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Star White Plains</i> <sup>Town</sup> <i>Charles</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>11</i>	Day <i>19</i>	Age <i>3</i> Years Months <i>3</i> Days <i>—</i>
Sex <i>Females</i>	Color or Race <i>Colored</i>	Birthplace <i>Chas Co Md</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>Howard Marshall</i>		Father's Birthplace <i>Chas. Co. Md</i>	
Mother's Maiden Name <i>Mitta Brawner</i>		Mother's Birthplace <i>" " "</i>	
Name of person giving information <i>Ges. E. Brawner</i>		How related to deceased <i>Grand Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Not Known</i>	How long <i>1 hr</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None in attendance</i>
	Address <i>J. M. Wilkerson Sub R. Waldorf Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

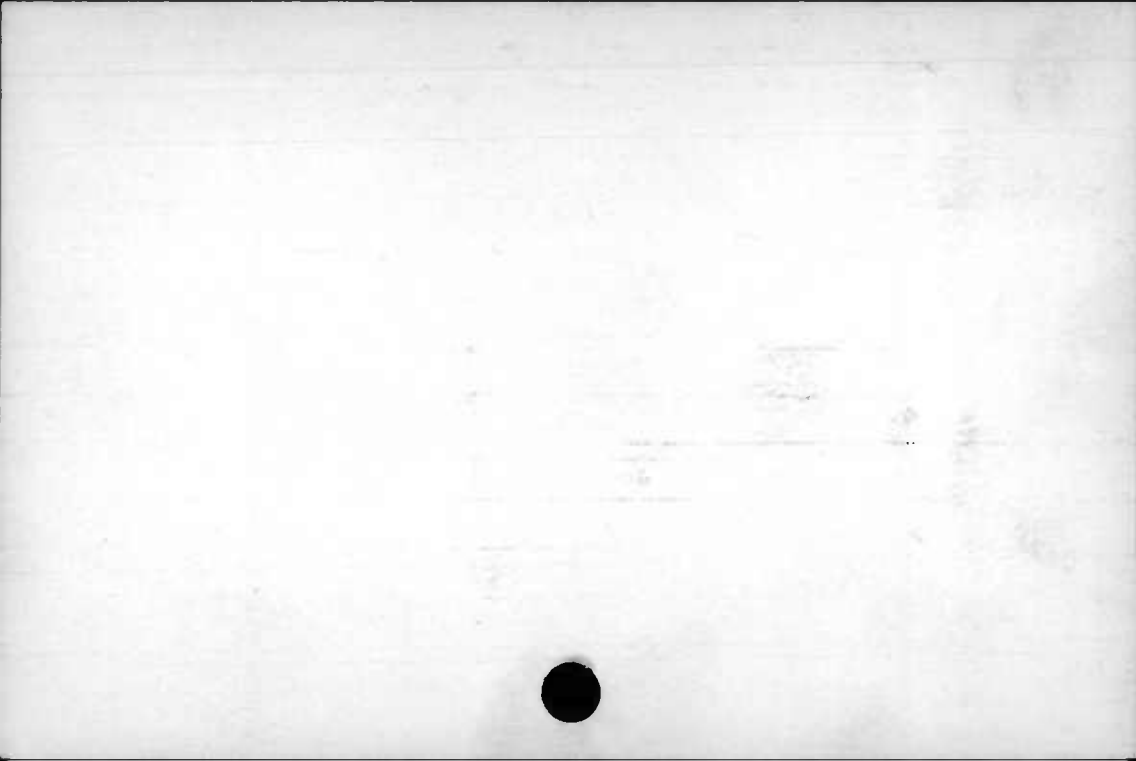
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Niemi</i> Town		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Nov</i>	Day <i>3</i>	Age <i>73</i> Years	Months <i>6</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Char Co Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>John N. Posey</i>					
Father's Name <i>Henry Dyson</i>			Father's Birthplace <i>Char Co Md</i>		
Mother's Maiden Name <i>Ann Dyson</i>			Mother's Birthplace <i>Char Co Md</i>		
Name of person giving information <i>John N. Posey</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Decay</i>	How long <i>Five or Six years</i>
Immediate <i>Paralysis</i>	How long <i>Six days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. L. Cecil</i>
	Address <i>Marport Md</i>
Accident or Suicide?	



Name  
in  
Full

Eliza Jane Ross

## CERTIFICATE OF DEATH

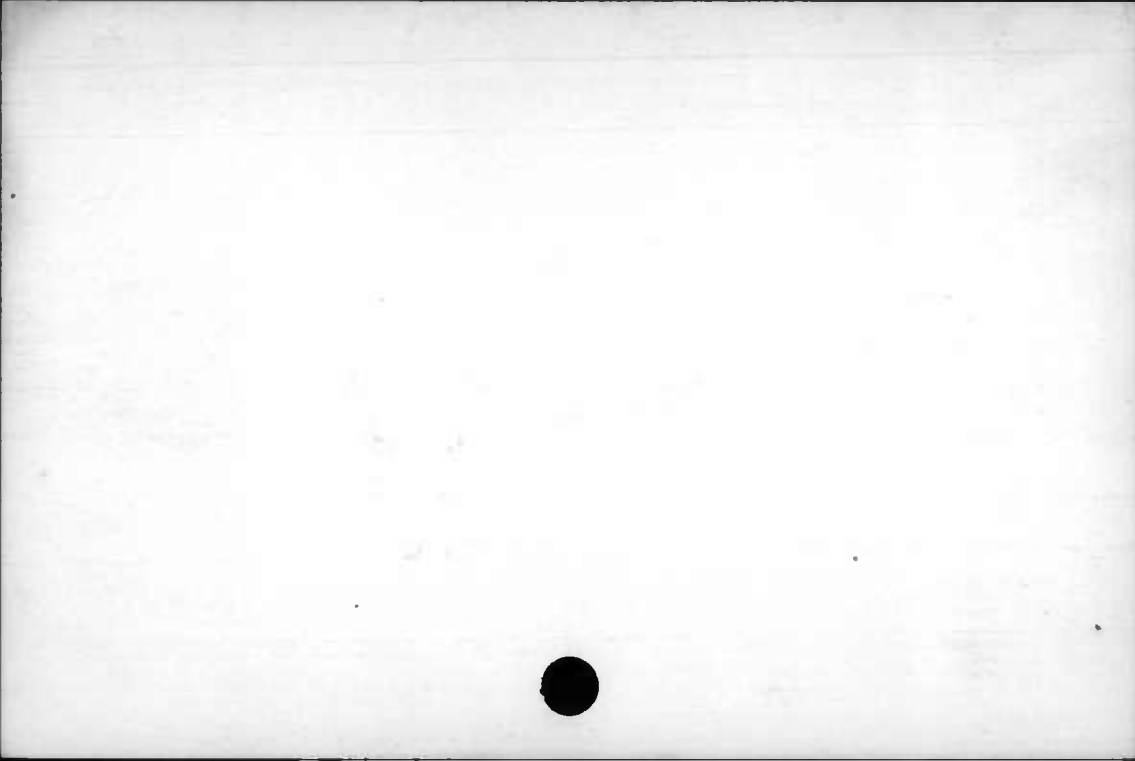
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>La Plata</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>18<sup>th</sup></i>	Age <i>67</i> Years	Months <i>6</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co.</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Alex. Ross</i>				
Father's Name <i>Warren Albrittain</i>	Father's Birthplace <i>Charles Co</i>				
Mother's Maiden Name <i>Edith Mason</i>	Mother's Birthplace <i>Charles Co</i>				
Name of person giving information <i>James L. Padgett</i>	How related to deceased <i>son in law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about 2 yrs</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen, M.D.</i>
	Address <i>La Plata Md</i>
Accident or Suicide?	



Name  
in  
Full

Elizabeth Simpson

## CERTIFICATE OF DEATH

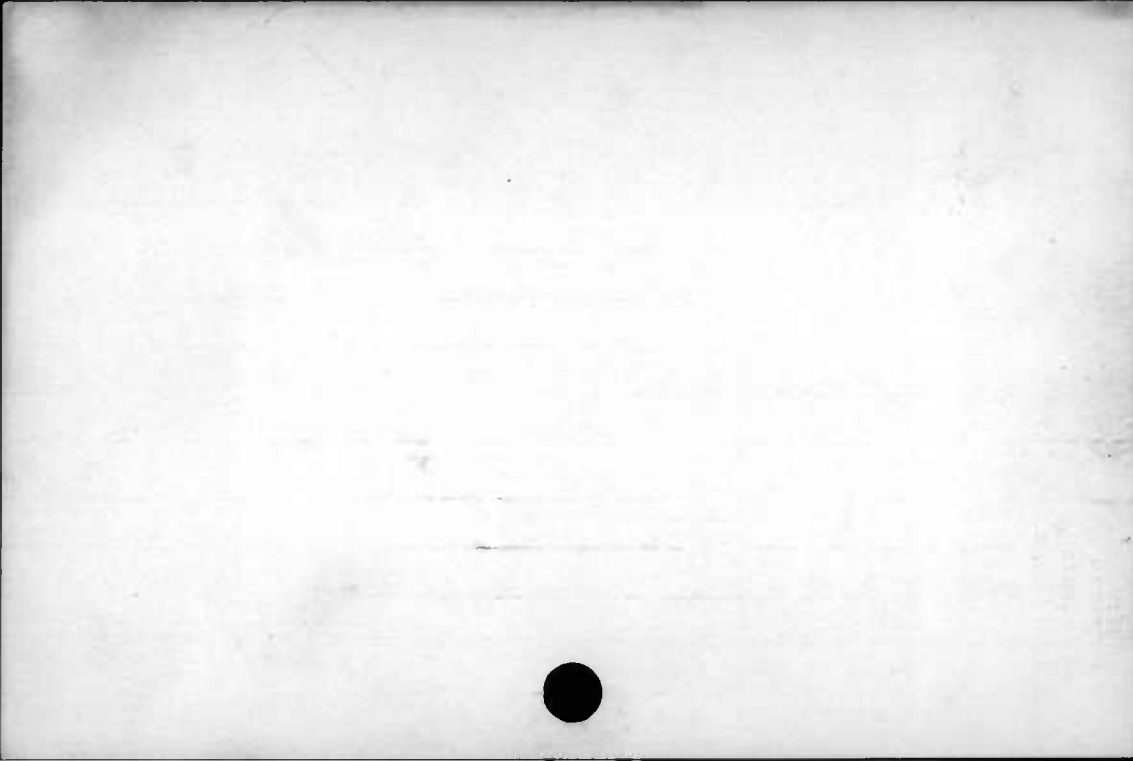
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Newport</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Nov</i>	Day <i>9</i>	Age <i>about 50</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>American</i>	Birth-place <i>Chas Co Md</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Frank Simpson</i>					
Father's Name <i>—</i>			Father's Birthplace <i>Chas Co Md</i>		
Mother's Maiden Name <i>not known by applicant</i>			Mother's Birthplace <i>Chas Co Md</i>		
Name of person giving information <i>Thos L. Tanane</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

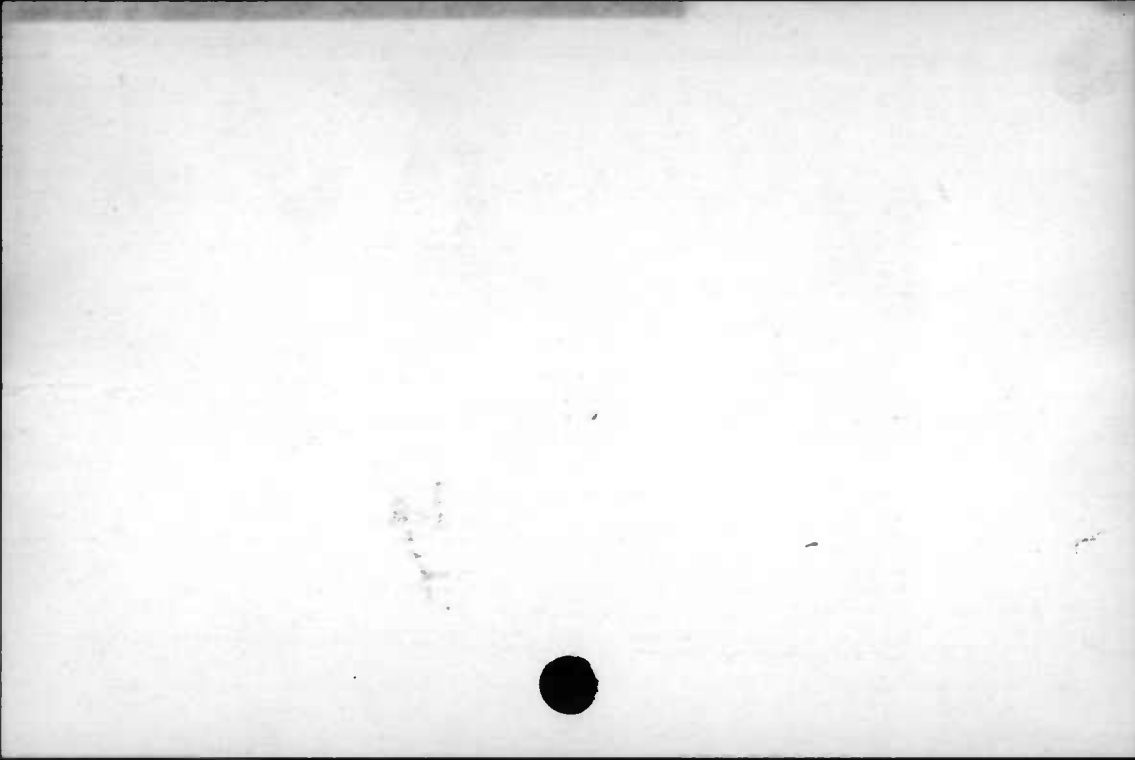
Primary	<i>Cerebral Hemorrhage</i>	How long	<i>about 3 mos</i>
Immediate	<i>Resumption of Discharge</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. L. Cecil</i>	
as near as could be given by applicant,		Address <i>Newport Md</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER





Name in Full		Ruth Speake				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND						
	Died at		Charleston		Charles								
	Date of death	1905	Month	December	Day	14	Age	Years	8	Months		Days	
	Sex	Female		Color or Race	White		Birth-place	Char Co Md					
	Occupation						Where Residing if not at place of death						
	Married, Single or Widowed						Name of Wife or Husband						
	Father's Name	James L. Speake					Father's Birthplace	Maryland					
Mother's Maiden Name	Bertha V. Speake					Mother's Birthplace	"						
Name of person giving information						How related to deceased							
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary						How long						
	Immediate	Influenza of Lungs					How long	24 hours					
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	B. Smith, M.D.						
						Address	Crossroads, Char Co Md						
	Accident or Suicide?												



Name in Full		Charity Turner				CERTIFICATE OF DEATH	
		Town Wicomico		County Char		MARYLAND	
Died at							
Date of death		1905	Month Nov	Day 17	Age Years 80	Months	Days
Sex Female		Color or Race Colored		Birth- place Charles Co			
Occupation None		Where Residing if not at place of death					
<del>Married, Single</del> or Widowed		Name of Wife or Husband					
Father's Name Geo Turner		Father's Birthplace Chas Co					
Mother's Maiden Name Not-Known		Mother's Birthplace Not-Known					
Name of person giving In formation Hilary Hollen		How related to deceased Grandson					
CAUSES OF DEATH							
Primary Not-Known		How long one week					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. S. Gales					
		Address Sub/Ry					
Accident or Suicide?							



Name  
in  
Full

Ernest Wade

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Malcolm</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Nov</i>	Day <i>24</i>	Age <i>19</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Chas Co Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Labour</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Wade</i>			Father's Birthplace <i>Chas Co Md</i>		
Mother's Maiden Name <i>Martha Washington</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Ernest Wade</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Two weeks</i>
Immediate <i>Heart Failure</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Monroe</i>
	Address <i>Wadeville</i>
Accident or Suicide? <i>—</i>	<i>Yes</i>

